



Issue Classification 	Application/Control No. 10/508,791	Applicant(s)/Patent under Reexamination THOMPSON ET AL.
	Examiner SHAILENDRA - KUMAR	Art Unit 1621

ISSUE CLASSIFICATION												
ORIGINAL					INTERNATIONAL CLASSIFICATION							
CLASS		SUBCLASS			CLAIMED				NON-CLAIMED			
564		164			C	07	C	233	/05			
CROSS REFERENCES					C	07	C	233	/65			
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
514	210	212	237.5	255	A	61	K	31	/165			
514	330	604	605	620					/			
540	484								/			
544	162	386							/			
546	226								/			
(Assistant Examiner) (Date) (Legal Instruments Examiner) (Date)					Shailendra Kumar Shailendra Kumar (Primary Examiner) 3/2/07 (Date)							
					Total Claims Allowed: 27 O.G. Print Claim(s) 1 O.G. Print Fig. -							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original				
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3	3		33		63		93		123		153		183						
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5	5		35		65		95		125		155		185						
6	6		36		66		96		126		156		186						
7	7		37		67		97		127		157		187						
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25	25		55		85		115		145		175		205						
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27	27		57		87		117		147		177		207						
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	30		60		90		120		150		180		210						

Issue Classification 	Application/Control No. 10/508,791	Applicant(s)/Patent under Reexamination THOMPSON ET AL.
	Examiner SHAILENDRA - KUMAR	Art Unit 564

ISSUE CLASSIFICATION												
ORIGINAL					INTERNATIONAL CLASSIFICATION							
CLASS		SUBCLASS			CLAIMED				NON-CLAIMED			
564		164			C	07	C	233	/05			
CROSS REFERENCES					C	07	C	233	/65			
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				A	61	K	31	/165			
548	566	953							/			
564	92	99	165						/			
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									/			
									/			

(Assistant Examiner) (Date)		<i>Shailendra Kumar</i> Shailendra Kumar (Primary Examiner) (Date)		Total Claims Allowed: 27 O.G. Print Claim(s) 1		O.G. Print Fig. -	
<i>Pisa/Kumar</i> 3/2/07 (Legal Instruments Examiner) (Date)							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
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	219		249		279		309		339		369		399		429
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	225		255		285		315		345		375		405		435
	226		256		286		316		346		376		406		436
	227		257		287		317		347		377		407		437
	228		258		288		318		348		378		408		438
	229		259		289		319		349		379		409		439
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	231		261		291		321		351		381		411		441
	232		262		292		322		352		382		412		442
	233		263		293		323		353		383		413		443
	234		264		294		324		354		384		414		444
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	237		267		297		327		357		387		417		447
	238		268		298		328		358		388		418		448
	239		269		299		329		359		389		419		449
	240		270		300		330		360		390		420		450